



APPLICATION FOR VARIANCE

State Form 44400 (R5 / 10-10)

Approved by State Board of Accounts, 2008

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
402 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTION: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

Name of the applicant Mr. Randy McCracken	Title Superintendent
Name of organization Western Schools Corporation	Telephone number (765) 883-5576
Address (number and street, city, state, and ZIP code) 2600 S. 600 W., Russiaville, IN 46979	

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

Name of person on behalf of the applicant Mr. Ralph D. Gerdes, AIA	Title General Manager
Name of organization Ralph Gerdes Consultants, LLC	Telephone number (317) 787-3750
Address (number and street, city, state, and ZIP code) 5510 S. East St., Suite E, Indianapolis, IN 46227	

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional Mr. John E. Rigsbee, AIA	License number 920019
Name of organization CSO Architects, Inc.	Telephone number (317) 848-7800
Address (number and street, city, state, and ZIP code) 8831 Keystone Crossing, Indianapolis, IN 46240	

4. PROJECT IDENTIFICATION

Name of project Western Schools Locker Room / Restroom Building Renovation	State project number Unfiled	County Howard
Site address (number and street, city, state, and ZIP code) 2600 S. 600 W., Russiaville, IN 46979		
Type of project: <input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input type="checkbox"/> Existing		

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
- One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- Written documentation showing that the local fire official has received a copy of the variance application.
- Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?

Yes (if yes, attach a copy of the Correction Order) No

Has a violation been issued? Yes (if yes, attach a copy of the Violation and answer the following) No

Violation issued by: Local Building Department State Fire and Building Code Enforcement Section
 Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved Indiana Energy Conservation Code - 2010	Specific code section 5.5
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Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)
A remodeled existing locker room and restroom building of 6,225 sq.ft. will not comply with the requirements for a prescriptive building envelope. Code would require this facility to meet the Energy Code requirements for Zone 4 which are roof R-20, walls R-9.5 and slab on grade (heated) R-15. The building will have minimal seasonal heating and cooling. Metal exterior walls will be replaced with metal siding.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (*be specific*).

Facts demonstrating that the above selected statement is true:

- The structure is used infrequently over an entire year for sports events and practice sessions.
- The existing structure is assumed to have approximate values of roof R-0, walls R-0 and slab on grade R-0.
- Similar variances on similar facilities have been approved.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

- Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of physical limitations of the construction site or its utility services.
- Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of major operational problems in the use of the building or structure.
- Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of excessive costs of additional or altered construction elements.
- Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

The Owner's hardship involves the cost to add insulation to the building. The facility is small and providing minimal heating and cooling seasonally.

10. STATEMENT OF ACCURACY

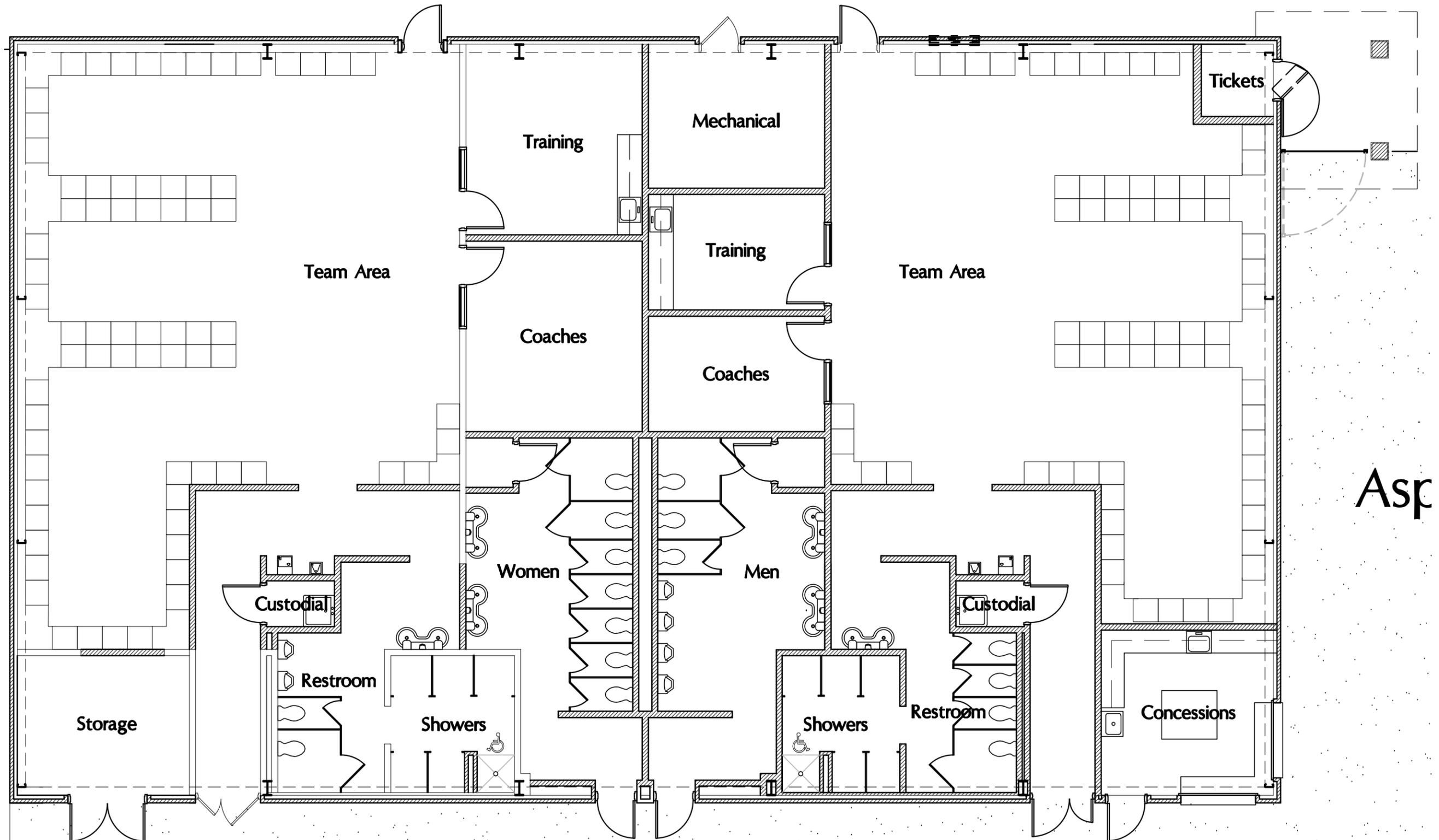
I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application	Please print name Ralph D. Gerdes, AIA	Date of signature (month, day, year)
Signature of design professional (if applicable)	Please print name John E. Rigsbee, AIA	Date of signature (month, day, year)

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant	Please print name Randy McCracken, Superintendent	Date of signature (month, day, year)
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**WESTERN SCHOOLS
LOCKER ROOM/RESTROOM FLOOR PLAN**

1
A201

SCALE: 1/8" = 1'-0"